# MS4 Annual Report Cover Page

MCC form for period ending March 9, 2 0 1 2

T	his	cover	pa	ge 1	nu:	st Ł	e c	om	ple	ter	l by	v fh	e i	ren	ort	nr	ona	FAI			<u>s</u>	PDE	S II	)	_				
J	oint	repo	rts	req	uir	e o	nly	on	ė c	)VC	er p	ag	e.	ъ	VI 1	hr	cpa	II CI	Γ•		[]	4 2	/ R	2 2	2	0 A	۱ 3	4	4
		ose o									_	_				·													
	T	nis re	po	rt i	is I	oei	ng	su	bm	iit	ted	OI	ı k	el	ali	f of	aı	o i	ndi	vi	du	al I	ИS	4.					
		ill in S			D	in	upj	per	rigi	ıt 1	han	d co	ш	er.															
	- T	me of			_	Τ-	_	_	1 -	_	_		7		<del>-</del>			_						<b></b>					
	V	i :		. a	g	e		0	f	L	W	a	F	ŗ	<u> </u>	L n	9	e	r	E	<u> </u>	F	a	1	]	L s			
)R																											-		
)K																													
C	Th	is re	DO:	rt i	s ł	ei	nσ	sni	hm	ití	fed	Λ'n	ı h	ah	۸lf	۰ ۵۴		c:.	1	. T	7 <i>4</i>								
_		er Paı									···	Ų1	עו	CI	aii	UI	4	211	ıgı	e r	ını	ıty							
		me of S					V-1	V-V	V2)																				
									Γ					Τ	T	T	Ţ	T	Г	T	Т	Т	Τ		Τ	T		_	$\Box$
		-				•		-d-	·	<u>.                                    </u>		<del></del>	1	Щ.		<u> </u>	<u></u>		۰.	<del></del>		<del>-</del>	<u> </u>		⊥		L_		لــــا
R																													
$\sim$	Mente.							_																					
U	1 П	is is	a j	oln	t r	ep	ort	be	ein	g s	sub	mi	itte	ed	on	be	ha	lf (	of a	a c	oa	liti	on.						
	Pn	ovide	SP)	DE	SII	<b>)</b> 0	f ea	ich	реп	mi	tted	l M	<b>S</b> 4	ine	cluc	led	in t	his	rej	or	t. I	Jse	pag	ge 2	2 i 1	fne	edec	ī.	
	Nax	ne of C	oali	tion	Γ-	_	T	<u> </u>			_			,	_		·	,	,										
	<u> </u>	1	<u> </u>	<u> </u>	L.		<u> </u>	<u> </u>			<u> </u>		<u> </u>	<u>L</u>	L	<u> </u> _	L	<u> </u>				L							
						<u> </u>												·							<u> </u>			_	Π
			Γ											$\overline{\Box}$	ī					<u> </u>	Ė			=	┝	Ħ		=	H
	SDI	DES ID		<b></b>										1	<u> </u>		<u> </u>	L	!	_	<u></u>				L	Ш			
	N	YR		0	Α		Γ			Г	N .	$\neg$		2	0	<u> </u>	-Т	Т	$\neg$			DES			_	Τ_	Г		<del></del> 1
	SPE	ES ID		اـــــا						L	PDi				<u> </u>	<u> </u>					N	Y		2	L	A			
		YR		0	Α						N ·			2	О	A	T	.]	٦		_	DES V		2	_	A	ГТ		$\Box$
		ES ID	1	<u></u>						_	PDI		<u> </u>			1		_1_				DES					Ш		LЦ
	N	YR	2	0	Α						N	$\overline{}$	$\overline{}$	2	0	A	T	Т			N			2	0	Α			
	SPD	ES ID	-							S	PDI	SI	D,		L		<del></del>		ان		<u> </u>	DES		그		1	<b></b> L		
	N	YR	2	0	Α		$\Box$			[]	N :	Y	2	2	0	A		Ţ				Y		2	0	Α			
	-	ES ID				_	·I	_		S	PDI										SPI	DES	ID			اــــــــــــــــــــــــــــــــــــ			ب
	<b>-</b>	YR	2	0	A			,			N ?	Y	₹	2	0	A	ŀ				N	Y	R	2	0	A			
	$\overline{}$	ES ID Y R	<u> </u>	_	<u>,</u> T	_					PDI		$\neg$	_ T		_ T		1	_			ES	_		_	<del></del>		_	
	IN	TIK	2	0	A					[]	1	Z F	₹ .	2	0 .	A				•	N	Y	R	2	0	Α	$oldsymbol{oldsymbol{oldsymbol{oldsymbol{eta}}}$		

Cover Page 1 of 2

## MS4 Annual Report Cover Page

MCC form for period ending March 9, 2 0 1 2

# Provide SPDES ID of each permitted MS4 included in this report.

SPDES ID	SPDES ID	SPDES ID
N Y R 2 0 A	NYR20A	NYR20A
SPDES ID	SPDES ID	SPDES ID
N Y R 2 0 A	NYR20A	NYR20A
SPDES ID	SPDES ID	SPDES ID
N Y R 2 0 A	NYR20A	NYR2OA
SPDES ID	SPDES ID	SPDES ID
N Y R 2 0 A	NYR20A	NYR2OA
SPDES ID	SPDES ID	SPDES ID
N Y R 2 0 A	NYR20A	NYR20A
SPDES ID	SPDES ID	SPDES ID
N Y R 2 0 A	NYR20A	NYR20A
SPDES ID	SPDES ID	SPDES ID
N Y R 2 0 A	NYR20A	NYR20A
SPDES ID	SPDES ID	SPDES ID
N Y R 2 0 A	NYR20A	NYR20A
SPDES ID	SPDES ID	SPDES ID
NYR20A	N Y R 2 0 A	NYR20A
SPDES ID	SPDES ID	SPDES ID
NYR20A	N Y R 2 0 A	NYR20A
SPDES ID	SPDES ID	SPDES ID
N Y R 2 0 A	N Y R 2 O A	NYR20A
SPDES ID	SPDES ID	SPDES ID
NYR20A	NYR20A	NYR20A
SPDES ID	SPDES ID	SPDES ID
NYR20A	NYR20A	NYR20A
SPDES ID	SPDES ID	SPDES ID
N Y R 2 0 A	NYR20A	NYR20A
SPDES ID	SPDES ID	SPDES ID
N Y R 2 0 A	NYR20A	NYR20A
SPDES ID	SPDES ID	SPDES ID
NYR20A	N Y R 2 0 A	NYR20A
SPDES ID	SPDES ID	SPDES ID
N Y R 2 0 A	NYR20A	NYR20A
SPDES ID	SPDES ID	SPDES ID
N Y R 2 0 A	NYR20A	NYR20A

MCC form for period ending March 9, 2 0 1 2

		SPL	JES	ID										
Name of MS4 Village of Wappingers Falls		N	Y	R	2	0	A	3	4	4				
Each MS4 must submit an MCC form.														
Section 1 - MCC Identification Page														
Indicate whether this MCC form is being submitted to certify endorsement or acceptance of:														
● An Annual Report for a single MS4														
O A Single Entity (Per Part II.E of GP-0-10-002)														
O A Joint Report														
Joint reports may be submitted by permittees with legally be	indin	z ag	reei	men	ıts.									
If Joint Report, enter coalition name:														
				Ī					T	٦				
	.					T	i	Ī	T	ī				
				Ì	Ť	寸	Ť	$\exists$		╡				

MCC form for period ending March 9, 2 0 1 2

•	SPDES ID											
Name of MS4 Village of Wappingers Falls	N Y R 2 0 A 3 4 4											
Section 2 - Contact Information												
Important Instructions - Please Read												
Contact information must be provided for <u>each</u> of the following pos	sitions as indicated below:											
1. Principal Executive Officer, Chief Elected Official or other quali GP-0-08-002 Part VI.I).	ified individual (per											
2. Duly Authorized Representative (Information for this contact mu Authorized Representative is signing this form)	ıst only be submitted if a Duly											
	Part VII A 2 c & Part VIII A 2 a)											
<ol> <li>The Local Stormwater Public Contact (required per GP-0-08-002 Part VII.A.2.c &amp; Part VIII.A.2.c).</li> <li>The Stormwater Management Program (SWMP) Coordinator (Individual responsible for coordination/implementation of SWMP).</li> </ol>												
5. Report Preparer (Consultants may provide company name in the	cnoce nmuided)											
A separate sheet must be submitted for each position listed above	space provided).											
filled by the same individual. If one individual fills multiple role	s, provide the contact information											
once and check all positions that apply to that individual.												
If a new Duly Authorized Representative is signing this report, their contact information must be provided and a signature authorization form, signed by the Principal Executive Officer on Chief												
provided and a signature authorization form, signed by the Principal Executive Officer or Chief Elected Official must be attached.												
Elected Official must be attached.  For each contact, select all that apply:												
·												
Principal Executive Officer/Chief Elected Official												
O Duly Authorized Representative O Local Stormwater Public Contact	·											
O Stormwater Management Program (SWMP) Coordinator												
O Report Preparer												
First Name MI Last Name												
Matt Alex	ander											
Title	·											
Mayor												
Address												
2 6 2 8 S o u t h A v e n u e												
City Wappingers Falls Ny	Zip											
Wappingers Fallls   Ny Mail	7 1 2 5 9 0 -											
	.gov											
thone County	. g o v											
	hess											

MCC form for period ending March 9, 2 0 1 2
Name of MS4 Village of Wappingers Falls  SPDES ID  N Y R 2 0 A 3 4 4
Section 2 - Contact Information
Important Instructions - Please Read
Contact information must be provided for each of the following positions as indicated below:
<ol> <li>Principal Executive Officer, Chief Elected Official or other qualified individual (per GP-0-08-002 Part VI.J).</li> </ol>
2. Duly Authorized Representative (Information for this contact must only be submitted if a Duly Authorized Representative is signing this form)
3. The Local Stormwater Public Contact (required per GP-0-08-002 Part VII.A.2.c & Part VIII.A.2.c).
<ol> <li>The Stormwater Management Program (SWMP) Coordinator (Individual responsible for coordination/implementation of SWMP).</li> </ol>
5. Report Preparer (Consultants may provide company name in the space provided).
A separate sheet must be submitted for each position listed above unless more than one position is filled by the same individual. If one individual fills multiple roles, provide the contact information once and check all positions that apply to that individual.
If a new Duly Authorized Representative is signing this report, their contact information must be
provided and a signature authorization form, signed by the Principal Executive Officer or Chief Elected Official must be attached.
For each contact, select all that apply:
O Principal Executive Officer/Chief Elected Official
O Duly Authorized Representative
Local Stormwater Public Contact
Stormwater Management Program (SWMP) Coordinator  Stormwater Management Program (SWMP) Coordinator
O Report Preparer
First Name MI Last Name
John MKarge
Title
Village Clerk
Address 2 6 2 8 South Avenue
jmkarge@optonline.net
Phone County
(845)297-8773 Dutchess

MCC form for period ending March 9, 2 0 1 2

	SPE	ES	ID						
Name of MS4 Village of Wappingers Falls	N	Y	R	2	0	Α	3	4	4

#### Section 2 - Contact Information

Important Instructions - Please Read

Contact information must be provided for each of the following positions as indicated below:

- Principal Executive Officer, Chief Elected Official or other qualified individual (per GP-0-08-002 Part VLJ).
- 2. Duly Authorized Representative (Information for this contact must only be submitted if a Duly Authorized Representative is signing this form)
- 3. The Local Stormwater Public Contact (required per GP-0-08-002 Part VII.A.2.c & Part VIII.A.2.c).
- 4. The Stormwater Management Program (SWMP) Coordinator (Individual responsible for coordination/implementation of SWMP).
- 5. Report Preparer (Consultants may provide company name in the space provided).

A separate sheet must be submitted for each position listed above unless more than one position is filled by the same individual. If one individual fills multiple roles, provide the contact information once and check all positions that apply to that individual.

If a new Duly Authorized Representative is signing this report, their contact information must be provided and a signature authorization form, signed by the Principal Executive Officer or Chief Elected Official must be attached.

For each contact, select all that apply:

- O Principal Executive Officer/Chief Elected Official
- O Duly Authorized Representative
- O Local Stormwater Public Contact
- O Stormwater Management Program (SWMP) Coordinator
- Report Preparer

Fir.	st N	ame	1	i	a	m		<u>.</u>	<u> </u>				Γ		]	MI J	]	Las	t Na	ine	T	k	e	ı	m	a	1	e	r	1		
Titl	e							l	<b></b>		L		<u>.                                    </u>	<u> </u>	,	Ь	}					[	<u> </u>			ļ. <del>~</del>	1 <del>-</del> .	<u> </u>		L		
s	r			P	r	0	j	е	С	t		E	n	g	i	n	е	е	r	,		Α	s	8	0	С	i	a	t	e	Т	
Ado	dres	s					•							L			—						<u> </u>			ш						
I	n	s	i	t	е		E	$\mathbf{n}$	g	i	n	е	е	r	i	n	g	,		3		G	a	r	r	е	t	t		p	1	7
City	Υ																			S	tate		Zip									
C	a	r	m	e	٦						П										$\overline{}$	$\neg$			Π	1		1			ГТ	$\neg$
				J	_					ŀ	I 1					1				1	N   :	Υļ	1	0	5	11	2	-			li	- 1
eM.	ail	I'											<u> </u>			1	_ 1			L	N [	Y	<u> </u>	0	5	1	2	<b>-</b>	<u> </u>		Ш	
eM:	ail b	r	i	С	k	e	1	m	a	i	e	r	@	i	n	s	i	t	 e		e	n			5 C	0	<b>1</b> 2	] <b>-</b> 		<u>,</u>		 
	ъ	r	i		k	e	1	m	a	i	е	r	@	i	n	ន	i	t Cou	٠- ا	<u> </u>			g		<u> </u>	_		] <b>-</b>				_ <b>_</b> ].

MCC form for period ending March 9, 2 0 1 2

SPDES ID	
Name of MS4 Village of Wappingers Falls  N Y R 2 0	A 3 4 4
Section 3 - Partner Information	
Did your MS4 work with partners/coalition to complete some or all permit requirements during the	is reporting
penod?	Yes O No
If Yes, complete information below.	_
Submit a separate sheet for each partner. Information provided in other formats will no accepted. If your MS4 cooperated with a coalition, submit one sheet with the name of t	ot be
coalition. It is not necessary to include a separate sheet for each MS4 in the coalition.	ine
If No, proceed to Section 4 - Certification Statement.	
Partner/CoalitionName	
Dutchess County Ms4 Coordinat	ion
Partner/Coalition Name (con't.)  SPDES Partner ID	- If applicable
Committee NyR20	
Address	
2 7 1 5 R t 4 4 , Suite 3	
City State Zip  M i 1 1 b r o o k N V 1 2 5 4 5 -	[ <del></del>
ed.hoxsie@ny.nacdnet.net	
Phone	
Legally Binding Agreement in according	
With GP-0-08-002 Part IV.G.? ■	Yes O No
What tasks/responsibilities are shared with this partner (e.g. MM1 School Programs or Mu	ltiple Tasks)?
• MM1 Brochures - Multiple Tasks	
• MM2 Multiple Tasks	
MM3 Mapping - Multiple Tasks	
●MM4 Training - Multiple Tasks	
●MM5 Multiple Tasks	
●MM6 Training - Multiple Tasks	
Additional tasks/responsibilities	
O Watershed Improvement Strategy Best Management Practices required for MS4s in in	npaired
watersheds included in GP-0-08-002 Part IX.	•
·	

MCC form for period ending March 9, 2 0 1 2

SPDES ID

	<u>SP</u> 1	<u>DES</u>	ID						
Name of MS4 Village of Wappingers Falls	N	Y	R	2	0	A	3	4	4

#### Section 4 - Certification Statement

"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations."

This form must be signed by either a principal executive officer or ranking elected official, or duly authorized representative of that person as described in GP-0-08-002 Part VI.J.

F	irst Name	MI	Las	t Na	ame	;						_					
]	Matt		A	1	е	x	a	n	d	е	r						
Ţ	itle (Clearly print title of individual signing report)																
1	Mayor									T							
S	ignature								•							•	<del></del>
7	1												•				
								Da	te								
	Allen L							0	3	1/	0	9	1	1	? (	1	2

Send completed form and any attachments to the DEC Central Office at:

MS4 Permit Coordinator Division of Water 4th Floor 625 Broadway Albany, New York 12233-3505

This report is being submitted for the reporting period ending March 9, 2 0 1 2

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of I	MS4	/Co	alit	ion	Vil	lag	e o	f W	ap	pin	ger	s F	alls		<del></del>	<del></del>		<del>-</del>	7			SP N	DE:	1	η_	0	A	3	4	4
										_												_			•		•	<del>-1</del>	<del></del>	
										-	W	<u>ate</u>	<u>r (</u>	<u>)u</u> :	<u>alit</u>	ţy '	Tr	enc	<u>ls</u>											
The info	rma	tion	in	thi	s 86	etic	n i	s be	ing	re	ort	ed	(ch	æk	one	;):														
On be		of	a c	oali	tion	1			ibu	ted	to	ţhis	з ге	poı	1?		Ι		]											
reia	<ol> <li>Has this MS4/Coalition produced any reports documenting water quality trends related to stormwater? If not, answer No and proceed to Minimum Control Measure One.</li> <li>Yes</li> <li>No</li> </ol>																													
If Yes, c	hoos	se o	nc	of 1	the	foll	owi	ng																			•			
O Report								1	_																					
O Web F	Web Page(s) where report(s) is/are provided below																													
	Please provide specific address of page where report(s) can be accessed - not home page.																													
	URL															,	<del></del> ,													
	URL																													
			<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>				<u> </u>	1											L.		<u> </u>				
			<u> </u>				<u> </u>	<u> </u>					L																	
	URL	í	F	г	Γ-	1	Τ	T	1		7	_	_		Т	_		_	Т	,	1				1			— —		
	Ļ		_	<u> </u>	<u> </u>	<u> </u>	<u> </u>		<u> </u>		<u> </u>	_	<u> </u>		_		<u> </u>	<u>L</u> .												
	Ļ					<u> </u>	<u> </u>			<u> </u>	<u> </u>	L			<u> </u>	<u> </u>														
						L			<u>L</u> _	<u> </u>			L	L			<u>L</u>													
	URL				Γ	Γ		,	_	т	ı	_	<del></del>	_		_		r -								_				_
	H			<u> </u>	_	<u> </u> 		<u> </u>	<u> </u>	<u> </u>	<u> </u>	_	<u> </u>				<u> </u>	<u> </u>			_									
•	Щ			_	<u> </u>				_				<u> </u>	<u> </u>								·								
	Ш						<u> </u>	<u> </u>		_																				
	URL 	·		Γ	_	Γ_	_	1	_	<u></u>			Γ-		Г								_							_
	닊		=-		<u> </u>		<u> </u>	<u> </u>																					_	_
	Ц			<u> </u>		_							_																	
																			1											1

Other

#### **MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9, 2 0 1 2

Name of MS4/Coalition Village of Wappingers Falls	SPDES ID  N Y R 2 0 A 3 4 4										
Minimum Control Measure 1. Public Ed	ucation and Outreach										
The information in this section is being reported (check one):											
● On behalf of an individual MS4 ○ On behalf of a coalition How many MS4s contributed to this report?											
1. Targeted Public Education and Outreach Best Manageme	ent Practices										
Check all topics that were included in Education and Outreach d	uring this reporting period:										
● Construction Sites	Pesticide and Fertilizer Application										
General Stormwater Management Information	Pet Waste Management										
Household Hazardous Waste Disposal	• Recycling										
● Illicit Discharge Detection and Elimination	Riparian Corridor Protection/Restoration										
○ Infrastructure Maintenance	● Trash Management										
Smart Growth	Vehicle Washing										
Storm Drain Marking	Water Conservation										
• Green Infrastructure/Better Site Design/Low Impact Development	Wetland Protection										
Other:	○ None										
Other  2. Specific audiences targeted during this reporting period:											
Public Employees • Contractors											
● Residential ● Developers											
● Businesses ● General Public											
○ Restaurants • Industries											
Other:	<del>, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,</del>										

This report is being submitted for the reporting period ending March 9, 2 0 1 2

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

SPDES ID

Name	of N	<b>1</b> S4	/Co	aliti	on_	Vil	lag	e o	f W	apj	oin	ger	s F	alls		_							N	Y	R	2	0	Α	3	4	4
3. \t	Wh:	at s rep	tra or	teg ting	ies g p	did eric	l yo	ur Cł	M: neck	S4/ c al	Co. l th	alit at a	ion app	us ly:	se t	o a	chi	eve	ed	uca	atio	n a	nd	ou	tre	ach	ı go	als	du	rin	ıg
• Co	nstr	ucti	ion	Site	e O	pera	ator	s T	rain	ed														# <b>T</b> 1	rain	ed			2	0	9
• Di	rect	Ma	ilin	gs																			#	Ma	ilin	gs		5	1	1	9
• Ki	osks	or	Otl	ner i	Dis	play	ys																#	Loc	atio	ns				1	5
• Lis	st-Se	erve	s																					#]	n L	ist				6	0
O Ma	ailin	g L	ist																					#]	n L	ist					
• Ne	wsp	ape	r A	ds (	or A	Arti	cles																#]	Day	s Ri	un				_	1
● Pu	blic	Εv	ents	s/Pr	ese	ntat	ion	S															# .	Atte	nde	es		1	4	0	0
● Sc	hool	Pr	ogra	am																			# 2	Atte	nde	es				4	0
• TV	Sp	ot/F	rog	ran	n																		#]	Day	s Rı	ın				1	2
• Pri								•	<b>~</b>												Te	otal	# D	istri	but	ed		1	6	0	0
	Loca	O	r (e	n.g. i	e	1	l	n oti	C	, kio O		p		E	х	t															
	A	d	a	m	<b></b>		F	a	i	r	+	A	С	r	е		F	a	r	m											
	D	C		s	0	i	1		a	n	d		W	a	t	e	r														
	v	i	1	1	a	g	е		н	a	1	1							1	=											
• Otl	her:					,		!					J	ļ	l				L												
	L	i	b	r	а	r	У																								
● Wo		age	:	Pro	ovid ede	le s d.	pec	ific	wel	b ad	ldre	esse	<b>S -</b> 1	not	hor	ne p	oage	e. (	Con	tinı	ie o	n ne	ext j	pag	e if	ado	litic	onal	spa	ace	is
h	t	t	р	:	/	/	d	u	t	С	h	е	s	s	w	С	đ		0	r	g										
UR		<del>ү</del> -	7		T .	Ι.	1			ì <del></del>	ı	·	<del> </del>	T	1	ı.					· ·	<del></del> -	·······i			<del></del> 1		<del></del> -	— <sub>1</sub>	<del></del>	
h	t	t	p	<u> </u> :	/	/	d	u	t	С	h	е	s	ន	W	a	t	е	r	s	h	е	d	ន	•	0	r	g	_	<u> </u>	_
	<u> </u>			<u>L</u>	<u> </u>	<u> </u>			<u> </u>			<u> </u>	<u> </u>	<u> </u>	<u> </u>		}			<u></u>							=	_	$\dashv$	_	_
L					<u></u>	<u> </u>			<u></u>								L.			<u>L</u>	<u> </u>					!					]

This report is being submitted for the reporting period ending March 9, 2 0 1 2

ne o	f M	S4/	Coa	litic	on_'	V III	age	ot	W	app	ıng	ers	Fa	lls									N	Y	R	2	0	Α	3	4	4
Wo		Pag	ge c	on'	't.:		Pro	ovi	de s	spe	cifi	c w	eb	ado	lres	ses	s - n	ot :	hor	ne	pag	e.									
į	- 1	t	р	:	/	/	d	u	t	С	h	е	ន	s	w	a	m	•	С	0	m										
																															Ī
																															Ī
JRL	. 1					· ·	r		1	· · · ·	<del></del>		I	ı			1		<del></del>	ı .						_		,			7
<del></del>	t		q	:	-	/	W	W	W	-	d	е	С		n	У	<u> </u>	g	0	v	/	С	h	е	m	i	С	a	1	/	L
4	6	8	·	h	t	m	1						<u> </u>	<u></u>																	
															-1																
RL h	t	+	р	:	7	/	С	f	n	u	b	Γ	е	n	a	7		n	a	е		7	h	_		_			f		Τ
井	==							1	p d	<u>u</u>	6	•	<u>-</u>	p	- a	<u> </u>	11	р	ď	E	s	/	11	0	m	е	•	С		m	<u> </u>
p 	r	0	g	r	a	m	<u> </u> 	1	u	<u> </u>	0		<u> </u>	<u> </u>														$\square$		<u> </u>	Ļ
					L				I	<u> </u>	L	l					<u> </u>														
JRL					<del></del>			ļ	<u> </u>	Ι	Γ.					<u> </u>	Ι														T
					<u>                                     </u>		<u> </u>	<u> </u> 	<u> </u>	<u>                                     </u>		<u> </u>		<u> </u>		<u> </u>	l <u></u>														<u> </u> T
<u> </u>					<u> </u>			<u> </u>	<u> </u>	<u>                                      </u>	<u> </u>		<u> </u>	<u> </u>		<u> </u>	<u>                                       </u>													<u> </u>	<u>L</u>
					<u> </u>		<u> </u>	<u> </u>	<u> </u>	l			<u> </u>	<u>.                                    </u>	<u> </u>																L
JRL						<u> </u>	<u> </u>																								Τ
1						<u> </u>	<u> </u>						<u> </u>																	_	L
				_	<u> </u>	<del></del>						<u> </u>	<b></b>																		L
JRL				l	l			<u> </u>		<u> </u>	<u> </u>					l													į		<u></u>
																															Γ
																								<del></del>							Ī
Ì																															Ī
JRL.			·——													I															_

This report is being submitted for the reporting period ending March 9, 2 0 1 2

	SPDES ID
Name of MS4/Coalition Village of Wappingers Falls	N Y R 2 0 A 3 4 4
4. Evaluating Progress Toward Measurable Goals MCM 1	
Use this page to report on your progress and project plans toward actidentified in your Stormwater Management Program Plan (SWMPP III.C.1. Submit additional pages as needed.	chieving measurable goals  P), including requirements in Part
A. Briefly summarize the Measurable Goal identified in the SW	VMPP in this reporting period.
<ul> <li>Develop new target audience.</li> <li>Evaluate prior distributions for redistribution.</li> <li>Install 50 additional drain inlet markers.</li> <li>Develop 12 additional drop off locations.</li> </ul>	
B. Briefly summarize the observations that indicated the overal Goal.	ll effectiveness of this Measurable
600 brochures distributed via displays. 50 drain inlet markers installed. 5,000 pet waste brochures distributed with Village utility bills in two	vo mailings.
C. How many times was this observation measured or evaluated	d in this reporting period?
	1 2
D. Has your MS4 made progress toward this Measurable Goal	
E. Is your MS4 on schedule to meet the deadline set forth in the	● Yes ○ No e SWMPP? ● Yes ○ No
F. Briefly summarize the stormwater activities planned to meet the next reporting cycle (including an implementation schedu	t the goals of this MCM during
<ul> <li>Develop new target audience.</li> <li>Evaluate prior distributions for redistribution.</li> <li>Install 50 additional drain inlet markers.</li> <li>Develop 12 additional drop off locations.</li> </ul>	

This report is being submitted for the reporting period ending March 9, 2 0 1 2

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

		SPDES ID					
Name of MS4/Coalition Village of Wappingers Falls		N Y R 2	0	Α	3	4	4
Minimum Control Measure 2. Public Invol-	<u>vemen</u>	t/Participa	<u>atic</u>	<u>)n</u>			
The information in this section is being reported (check one):				_			
<ul> <li>On behalf of an individual MS4</li> <li>On behalf of a coalition</li> <li>How many MS4s contributed to this report?</li> </ul>	7						
1. What opportunities were provided for public participation development, evaluation and improvement of the Stormwa (SWMP) Plan during this reporting period? Check all that	ter Mar	nagement Pi		ran	1		
● Cleanup Events		# Events				2 !	5
● Comments on SWMP Received		#Comments					0
● Community Hotlines Phone # (		)	-				
Phone # ( 8 4 5 ) 2 9 7 - 8 7 7 3 Phone # (		)	_ [		$\overline{\top}$		=
Phone # (8 4 5) 2 9 7 - 5 2 7 7 Phone # (		)	  -				Ī
Phone # ( 8 4 5 ) 2 9 7 - 9 7 5 8 Phone # (		)	  -		$\overline{\dagger}$		$\exists$
Phone # ( 8 4 5 ) 4 8 6 - 2 9 0 0 Phone # (			_		$\overrightarrow{}$		i
Phone # ( Phone # ( Phone # (			_ [				Ĭ
Community Meetings		# Attendees	П			4 !	5
• Plantings		Sq. Ft.	2	9	1	8 !	5
Storm Drain Markings		#Drains		Ī		5 (	0
Stakeholder Meetings		# Attendees		Ī		8	0
● Volunteer Monitoring		# Events				-	4
Other: Dutchess WAMPartne	e r s	h i p					
2. Was public notice of availability of this annual report and S Program (SWMP) Plan provided?	Stormw	ater Manag	-	ent Ye		0 <b>N</b>	Vo.
O List-Serve		# In List					
Newspaper Advertising		# Days Run					7
● TV/Radio Notices		# Days Run					
Other: Notice at Village H	I a 1	1					

• Web Page URL: Enter URL(s) on the following two pages.

This report is being submitted for the reporting period ending March 9,  $2 \mid 0 \mid 1 \mid 2$  If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

																				٦			SPI	DES	ID						
ame o	f M	S4/	Coa	litic	n \	/ill	age	of	Wa	app	ing	ers	Fa	lls						,			N	Y	R	2	0	A	3	4	4
																															•
. Ul Pl	KL) eas	(S <i>) :</i> e n	con Pov	rt.: ride	en	eci	fic	ad.	dre	·eel	ee)	wł	er	e ma	ntic	e la	) 00	m l	he ·	900	<b>0</b> 00	ьd	- ne	st k	M	10 T	197	Δ			
URI		٠P			· up		1114	***	w1 <b>\</b>	Juu	csj	** 1	101	. 11	JUIC	.c(s	,	411 1		acc	CDD.	Lu	- ш	<i>,</i> , ,	IVII	ic į	ag	C.			
v	i	1	1	a	a	е	0	f	w	а	р	р	i	n	g	e	r	s	£	a	1	1	s	n	v		g	0	v		
	<u> </u>	<u> </u>	<u> </u>			<u>                                      </u>	<u> </u>			<u> </u>			<u> </u>		<u>د</u> ا					<del>"</del>		<u> </u>			<u> </u>	<u> </u>	2				<u>                                     </u>
<u> </u>	<u> </u>		<u> </u>			<u> </u>	<u> </u>	 	<u> </u>	<u> </u>	<u>                                     </u>	<u>.                                    </u>		<u> </u>			<u></u>			<u> </u>	<u> </u>				<u> </u>	<u></u>		<u> </u>			
						<u> </u>				<u></u>																					
URI	<del></del>	1			1				<del>,</del>			1			ı ———	ı <del></del>				1								<del></del> -	Y1		
																<u> </u>							•								
	Ī					<u> </u>									<u></u>														 	<u></u>	
L		<u> </u>			l	1		<u> </u>	Ь.	L	l	l	l	!	l	l				<u> </u>	l <u>.</u>	<b>L</b>	L		<u> </u>						
URI	í	····							<u> </u>	<u> </u>				1						<del></del>					Γ.				.		
	<u> </u>	<u> </u>	<u> </u>		<u> </u>		<u> </u>	<u> </u>	<u> </u> 	<u> </u>			<u> </u>	<u> </u>		<u> </u>									<u> </u>			<u>L</u>		<u> </u>	<u> </u>
<u> </u>	<u> </u>		<u> </u>				1	 	<u> </u>	<u>                                     </u>					<u> </u>	<u></u>								_	<u> </u>					<del></del>	
							<u></u> ,		<u>.                                    </u>	<u> </u>																					
URI																															
																														<del></del>	
	1			<u> </u>		<u> </u>																			l			L			
L		ļ	<u> </u>	L	l	ļ		<u> </u>	<u> </u>		<u> </u>	ļ	l	<u> </u>								<u> </u>			l	l		L	<u></u>	-	<u></u>
URI	<del>i</del>	Ţ	<u> </u>		Ι	Π		Ι		γ_	<u> </u>	<b>γ</b>	<u> </u>		<u> </u>					Г				· · · ·	Γ	ļ					
<u> </u>	<u> </u>						<u> </u>				<u></u>				<u> </u>										 				Щ		<u> </u>
							ļ							<u></u>																<u></u>	<u> </u>
URI																															
					ļ																										
$\vdash$	<u> </u>	<del> </del>		<u> </u>			<del> </del>		<u> </u>				<u> </u>	<u> </u>		<del>                                     </del>			<del></del>		<u> </u>	_			<u> </u>	<u> </u>		<u>.                                    </u>			$\vdash$
<u> </u>	1									<u> </u>		1	1		ļ	}					<u> </u>			<u> </u>		L	<u>.                                    </u>	<u> </u>	L	l	<u> </u>
URI	<u>.</u>				[	I	-	Г.	Τ	1	1				Π	П	<u> </u>				I—-	Γ	Ι	I	Ι						1
<u>_</u>	<u> </u>	<u> </u>				<u> </u>	<u></u>			<u> </u>	<u> </u>						)					<u> </u> 	<u> </u>	<u> </u>	<u> </u>	_		<u>L</u> .	<u> </u>		
<u></u>				<u> </u>			<u> </u>		<u> </u>													<u></u>	<u> </u>								
	1			i				[													ĺ						}				

This report is being submitted for the reporting period ending March 9, 2 0 1 2

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

SPDES ID

ame	of l	AS4	/Coa	alitie	on_\	Vill	age	of	W	app	ing	gers	Fa	lls									N	Y	R	2	0	A	3	4	4
P	lea	∠(s) se p	coi rov	n't. vid	: e sp	pec	ific	ad	dre	ess(	(es)	wl	ıer	e n	otic	es	car	ı bo	e ac	cces	ssec	<del>]</del> - :	not	ho	me	ра	ge.	,			
UF	<u>T</u>	٦	T	Т	T	Τ-	Т	Τ	ŀ		Т	т	1	1	ŀ	т		T	1	ì	1	1	_	γ	1		Γ.		_	Ι	,—
Ļ		<u> </u>		<u> </u>	<u> </u>	<u> </u>	<u> </u>	-			<u> </u>	ļ		<u> </u>			<u> </u>			<u> </u>						<u> </u>					
Г																										-					
UR	L.	_1	-1			•		<u> </u>	.1	<u></u>	.!					<del></del> -	.i	<u> </u>			·	<b>!</b>	1		L		<u> </u>			<u> </u>	
	Ī	<u> </u>										Π					ĺ	<del></del>													
H	+	+-	<u> </u>				<u> </u>	<del> </del>		<u> </u>	<u> </u>		<del> </del>	<u> </u>		<del>                                     </del>	<u>                                      </u>		<u> </u>	<u> </u>		<u> </u>	<u> </u>							l 	
F	<del> </del>	<del> </del>	<del>                                     </del>	<u>                                       </u>	<u> </u>		<u>                                     </u>	<u> </u>			<u>                                     </u>		<u> </u>			<u> </u>	<u> </u>				<u> </u>		<u> </u>							 	
						<u> </u>							<u>L</u> .																		
UR	<u>L</u>	1				··-	Т		1					1					<del>,</del> .		•	,		,							
																									:						
												,							Ī												
	T		İ			<u> </u>		<del>  "</del>							==		<del> </del>		<u> </u>	ļ	<u> </u>								$\sqcap$		
	<u> </u>		Щ,	J	J			<b>.</b>			1	L		<u> </u>	l	<u> </u>			L	<u> </u>		<u> </u>	l	i					Ш		
UR	<u>L</u>	1	Ι	1			l	Γ	Γ		Γ-	1	!	1	Ι	<u> </u>		1	-		ı	-							<del></del>		
_	-	<del> </del>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>							<u> </u>																
	<u> </u>							<u></u>		<u>L_</u>																					
UR	L										•				l			·,	J											L	
																-								, i							
	T									<del>                                     </del>							<u> </u>		<u></u>												
H	<u> </u>	1	<u> </u>	<u> </u>				<u>                                     </u>	<u> </u>	<u>L</u>	<u>!</u>		<u> </u>	<u>                                       </u>		<u></u>	<u> </u>			<u> </u>											
			<u> </u>	<u> </u>	<u> </u>	<u> </u>		<u> </u>						<u> </u>	<u> </u>									-					Ш		
UR	L T	T	I	}					ı	Γ	Ι		ı				·-								. 1	-					
L	<u> </u>	<u> </u>	<u> </u>		ļ	<u> </u>		<u> </u>																							<u>.                                    </u>
UR	r	1	<u> </u>		<u> </u>				<u> </u>		L,,,,	J		·												!			l		
	Ť	T	Ι																												
F	$\frac{1}{1}$	<u> </u>	<u> </u>								<u> </u>	<del> </del>	<u> </u>	_		<u> </u>															
<u> </u>	+	<u> </u>	<u> </u>	<u></u>	<u> </u>		1		ļ	<u> </u>		ļ <u></u>	<u> </u>				<u> </u>														
İ				-							1			ĺ																	

This report is being submitted for the reporting period ending March 9, 2 0 1 2

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank. SPDES ID N Y R 2 0 A Name of MS4/Coalition Village of Wappingers Falls 3 4 3. Where can the public access copies of this annual report, Stormwater Management Program SWMP) Plan and submit comments on those documents? Enter address/contact info and select radio button to indicate which document is available and whether comments may be submitted at that location. Submit additional pages as needed. ○ MS4/Coalition Office ○ Annual Report ○ SWMP Plan Comments Department Address City Zip Phone ○ Library Address O Annual Report O SWMP Plan O Comments City Zip Phone Other Annual Report SWMP Plan O Comments Address 2 2 6 8 S 0 u t h Α v е n u е City Zip W g r S а NY 1 2 5 9 0 Phone 8 7 2 9 7 7 8 Web Page URL: Annual Report O SWMP Plan O Comments i 1 1 f a p p i g e o W n gl е r s £ а 1 1 s n У g o | vPlease provide specific address of page where report can be accessed - not home page. O eMail O Comments

This report is being submitted for the reporting period ending March 9, 2 0 1 2

		SLT.	CO ID					
Name of MS4/Coalition Village of Wappingers Falls		N	YR	2	0 2	A 3	4	4
4.a. If this report was made available on the internet, what date w	vas it	pos	sted?	•				
Leave blank if this report was not posted on the internet.			/		1		<u> </u>	
4.b. For how many days was/will this report be posted?								
If submitting a report for single MS4, answer 5.a If submitting a	a join	ıt re	port,	ans	wer	5.b		
5.a. Was an Annual Report public meeting held in this reporting	nario	A2			<u></u>	Yes	Ο.	No
	bei K	, .	. —	1 1			<del></del>	140
If Yes, what was the date of the meeting?	0	5	<u>/</u> o	9		2 0	1	2
If No, is one planned?					0	Yes	0	No
5.b. Was an Annual Report public meeting held for all MS4s cont	tribu	ting	to t	his 1	repo	rt d	urin	g
this reporting period?					0,	Yes	0	No
If No, is one planned for each?					0	Yes	0	No
6. Were comments received during this reporting period?					0	Yes		No
If Yes, attach comments, responses and changes made to								
SWMP in response to comments to this report.								

This report is being submitted for the reporting period ending March 9, 2 0 1 2

Name of MS4/Coalition Village of Wappingers Falls SPDES N Y		
Name of Mis4/Coantion Vinage of Wappingers Pans	30 2 0 3 2 0 1 2 2	
7. Evaluating Progress Toward Measurable Goals MCM 2		
Use this page to report on your progress and project plans toward achieving meas identified in your Stormwater Management Program Plan (SWMPP), including re III.C.1. Submit additional pages as needed.		
A. Briefly summarize the Measurable Goal identified in the SWMPP in this	reporting period.	
Create/strengthen partnerships with area watershed groups including financial su	pport.	
B. Briefly summarize the observations that indicated the overall effectivenes Goal.	ss of this Measurable	
1,200 people attended 35 watershed awareness month activities.		
C. How many times was this observation measured or evaluated in this repo	orting period?	
	(ex.: samples/participants	s/events)
D. Has your MS4 made progress toward this measurable goal during this re	porting period?  ● Yes ○ No	
E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?	⊕ 1cs ○ No	
	● Yes ○ No	
F. Briefly summarize the stormwater activities planned to meet the goals of the next reporting cycle (including an implementation schedule).	this MCM during	
Continue partnerships and support watershed awareness month. Work with Wapp Committee to continue lake management activities (weed harvesting, goose egg or removal, lake side plant management).	. •	

This report is being submitted for the reporting period ending March 9, 2 0 1 2

Name of MS4/Coalition Village of Wappingers F	N         Y         R         2         0         A         3         4         4
Minimum Control Measure 3.	Illicit Discharge Detection and Elimination
<ul> <li>The information in this section is being reported</li> <li>● On behalf of an individual MS4</li> <li>○ On behalf of a coalition</li> <li>How many MS4s contributed to the cont</li></ul>	
1. Enter the number and approx. percent	of outfalls mapped: 22# 100%
reporting period (outfall reconnaissance	
3.a. What types of generating sites/sewershoreporting period?	eds were targeted for inspection during this
O Auto Recyclers	O Landscaping (Irrigation)
O Building Maintenance	O Marinas
O Churches	O Metal Plateing Operations
O Commercial Carwashes	Outdoor Fluid Storage
O Commercial Laundry/Dry Cleaners	O Parking Lot Maintenance
O Construction Vehicle Washouts	O Printing
O Cross-Connections	O Residential Carwashing
O Distribution Centers	○ Restaurants
O Food Processing Facilities	O Schools and Universities
O Garbage Truck Washouts	O Septic Maintenance
O Hospitals	O Swimming Pools
O Improper RV Waste Disposal	O Vehicle Fueling
O Industrial Process Water	O Vehicle Maint./Repair Shops
Other:	● None
O Sewersheds:	

This report is being submitted for the reporting period ending March 9, 2 0 1 2

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

	SIDES	ш
Name of MS4/Coalition Village of Wappinge	s Falls N Y	R 2 0 A 3 4 4
3.b. What types of illicit discharges hav	e been found during this reporting po	eriod?
O Broken Lines From Sanitary Sewer	O Industrial Connections	
O Cross Connections	O Inflow/Infiltration	
O Failing Septic Systems	O Pump Station Failure	•
O Floor Drains Connected To Storm Sewers	O Sanitary Sewer Overflows	
O Illegal Dumping	O Straight Pipe Sewer Discharges	
Other:  4. How many illicit discharges/potenti	None  Al illegal connections have been detec	ted during this
reporting period?		0
5 How many illigit disabourses have be	on confirmed desired to	. 10
5. How many illicit discharges have be	en confirmed during this reporting p	eriod? 0
6. How many illicit discharges/illegal	onnections have been eliminated dur	ing this reporting
period?		0
7. Has the storm sewershed mapping l If No, approximately what percent wa		od?
8. Is the above information available in Is this information available on the		O Yes ● No O Yes ● No
If Yes, provide URL(s):  Please provide specific address of page URL	where map(s) can be accessed - not ho	me page.
URL		
	<u> </u>	

This report is being submitted for the reporting period ending March 9, 2 0 1 2

***	T / \		• .																										
	L(s) ase p				ገድና	ifia		Ы	<b>A</b> ¢¢	۸f	na	70 V	ozh.	ara	<b>193</b> 6	n(	, , ,		h.	9.04	.055	har	_	af I	h 0 =	<b></b> .	<b>.</b>	• •	
RL	roc I	,, O	, 14	v sj	Jec	.111	. 41		COO	VΙ	pa;	50 '	** 11.	CI C	ше	.h(	s) C	аш	DE	acı	COS	eu	- 11	VI I	TON	ue J	hag	je.	
										İ																			
									Ï	<u> </u>			İ	1				<del>                                     </del>	<del>!</del>	<u> </u>		<u> </u>						$\Box$	_
$\pm$	_ <u> .</u>			<u>!</u> 		<u>                                      </u>	_	I		<u> </u>	<u>                                       </u>	<u> </u>	<del> </del>	<u>                                       </u>	<u> </u>				<u> </u>		<u> </u>	<u> </u>			H	H			_
	Ц			<u> </u>	<b></b>		<u> </u>	ļ	<u> </u>		1			<u> </u>	<u> </u>												<u> </u>		
RL	<del></del>			[			Ι			<del> </del>	T		Τ-	T					ľ	1					Γ	<del></del>			_
	<u> </u> 	<u>                                     </u>		<u>                                       </u>	 	<u> </u> 	<u>                                     </u>	ļ	<u> </u>			<u> </u>		<u>                                      </u>		<u>                                     </u>	<u> </u>	<u>                                       </u>	<u> </u>		<u>                                      </u>	<u>L</u>	<u></u>		<u> </u>	Ļ			<u></u>
	<u> </u>			<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u></u>	<u> </u>				<u> </u>	<u> </u>	<u> </u>	<u> </u>									<u> </u>				L
													<u> </u>																
RL								ı		·	ľ		<del></del>	·1	1		1						1			·····	r <del></del>		
							<u> </u>									<u> </u>													
RL				1	I					Ь	.l		<u> </u>	·		<u> </u>			I	·	L	<b>!</b>						<u></u>	I=
																<u> </u>													
								<u> </u>	<del> </del>									<u> </u>											Γ
$\frac{\perp}{\perp}$	<u> </u>			<u> </u>	<u>                                       </u>	<del>                                     </del>			<u> </u>	<u>L.</u>	l	<u> </u>	<u>                                     </u>		<u> </u>	l I	<u> </u>	<u> </u>		<u>                                       </u>	<u> </u>	<u> </u>			<u></u>				F
						<u> </u>	<u> </u>					<u> </u>				<u> </u>	<u> </u>	<u> </u>		<u> </u>		<u> </u>			L		ш		_
RL	Τ													T		<u> </u>	_												Г
+	<u> </u>	<u>                                     </u>	u	<u> </u>		<del>                                     </del>	<u> </u>	<u>                                     </u>		<u> </u>	L T	H	<u>                                      </u>	<u> </u> 	<u> </u>	<u> </u>	<u>                                      </u>			<u> </u>	<u> </u>	<u>                                      </u>				$\vdash$			
<u> </u>				<u> </u>	 	<u>                                       </u>	<u> </u>	<u> </u> 	<u> </u>	<u> </u>	<u>                                      </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u></u>	<u> </u>	 			<u> </u>					Щ		Щ	_
																	<u> </u>												L
app	s an rov	ed f	or	all	no	n-t	rac	liti	ona	ıl N	<b>1</b> S4	ls c	on	trit	uti	ng	to	thi	s re	epo	rt?					•	Υe	es :	S
	'es, l ival			-										ıınş	g 10	(n	is ľ	epe	rt	cer	'LLI	iea			nis Zes		v is DN:		C
-qu	41	VIII	••	-14	~ 1,		, 113		~. I	نظ حمد	. انتقا		•											~ 1	03	`	- 14	_	~

This report is being submitted for the reporting period ending March 9, 2 0 1 2

Name of MS4/Coalition VIIIage of Wappingers Falls	N Y R 2 0 A 3 4 4
12. Evaluating Progress Toward Measurable Goals MCM 3	
Use this page to report on your progress and project plans toward identified in your Stormwater Management Program Plan (SWMIII.C.1. Submit additional pages as needed.	
A. Briefly summarize the Measurable Goal identified in the S	WMPP in this reporting period.
Inspect 100% of the catch basins and outfalls annually.	
B. Briefly summarize the observations that indicated the over Goal.	rall effectiveness of this Measurable
No illicit discharges were identified this reporting year.	
C. How many times was this charmation measured an avaluation	to die Altie von entire en entire 19
C. How many times was this observation measured or evaluate	ted in this reporting period?
	(ex.: samples/participants/ever
D. Has your MS4 made progress toward this measurable goal	l during this reporting period? ● Yes ○ No
E. Is your MS4 on schedule to meet the deadline set forth in t	he SWMPP?
	● Yes ○ No
F. Briefly summarize the stormwater activities planned to me the next reporting cycle (including an implementation sche	•
Continue annual inspections.	
Work with Dutchess County Soil & Water Conservation District	to do storm sewershed mapping.

This report is being submitted for the reporting period ending March 9,  $\begin{vmatrix} 2 & 0 \end{vmatrix} = 1$ 

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

	25062 10
Name of MS4/Coalition Village of Wappingers Falls	N Y R 2 0 A 3 4 4
Minimum Control Measures 4 and	
Construction Site and Post-Construction	<u>Control</u>
The information in this section is being reported (check one):	
<ul> <li>On behalf of an individual MS4</li> <li>On behalf of a coalition</li> <li>How many MS4s contributed to this report?</li> </ul>	
1a. Has each MS4 contributing to this report adopted a law, ordina mechanism that provides equivalent protection to the NYS SPD Stormwater Discharges from Construction Activities?	
1b. Has each Town, City and/or Village contributing to this report of equivalent to a NYSDEC Sample Local Law for Stormwater Management Control through either an attorney cerfification or use Analysis Workbook?	nagement and Erosion and
If Yes, Towns, Cities and Villages provide date of equivalent NYS	Sample Local Law.  ○ 09/2004 ● 03/2006 ○ NT
2. Does your MS4/Coalition have a SWPPP review procedure in p	lace? • Yes • No
3. How many Construction Stormwater Pollution Prevention Plan reviewed in this reporting period?	s (SWPPPs) have been

4. Does your MS4/Coalition have a mechanism for receipt and consideration of public

5. Does your MS4/Coalition provide education and training for contractors about the local

If Yes, how many public comments were received during this reporting period?

Yes

 $\bigcirc$  No

● Yes ○ No

O NT

comments related to construction SWPPPs?

**SWPPP** process?

6.	Identify which of the following types of enforcement actions you used during the reporting
	period for construction activities, indicate the number of actions, or note those for which you
	do not have authority:

<ul><li>Notices of Violation</li></ul>	#	0	O No Authority
<ul><li>Stop Work Orders</li></ul>	#	0	O No Authority
<ul><li>Criminal Actions</li></ul>	#	0	O No Authority
O Termination of Contracts	#		<ul><li>No Authority</li></ul>
<ul><li>Administrative Fines</li></ul>	#	0	O No Authority
O Civil Penalties	#		<ul><li>No Authority</li></ul>
O Administrative Orders	#		No Authority
• Enforcement Actions or Sanctions	#	0	
○ Other	#		O No Authority

This report is being submitted for the reporting period ending March 9, 2 0 1 2

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

	_	SPL	DES	ID						
Name of MS4/Coalition Village of Wappingers Falls		N	Y	R.	2	0	A	3	4	4

### Minimum Control Measure 4. Construction Site Stormwater Runoff Control

The	e information in this section is being reported (check one):		
	On behalf of an individual MS4 On behalf of a coalition How many MS4s contributed to this report?		
1.	How many construction projects have been authorized for disturbances of one a during this reporting period?	acre or	more 0
2.	How many construction projects disturbing at least one acre were active in you during this reporting period?	ır jurisd	iction 0
3.	What percent of active construction sites were inspected during this reporting	period?	○ NT
4.	What percent of active construction sites were inspected more than once?		ONT
5.	Do all inspectors working on behalf of the MS4s contributing to this report use	the NV	
٠.	Construction Stormwater Inspection Manual?  • Yes	O No	○ NT
6.	Does your MS4/Coalition provide public access to Stormwater Pollution Prevention (SWPPPs) of construction projects that are subject to MS4 review and approva	al?	
		O No	ONT
	If your MS4 is Non-Traditional, are SWPPPs of construction projects made avenuable review?	ailable i O Yes	
	If Yes, use the following page to identify location(s) where SWPPPs can be accessed	d.	

This report is being submitted for the reporting period ending March 9,  $2 \mid 0 \mid 1 \mid 2$ If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

11 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	SPDES ID
of MS4/Coalition Village of Wappingers Falls	N Y R 2 0 A 3 4
con't.: Submit additional pages as needed.	
S4/Coalition Office	
Department	
Address	
Cin	7.
City	Zip
Phone	
(	
brary	
Address	<u> </u>
City	Zip
Phone	
(	
her	
Address	
7 Spring Street	
City	Zip
Wappingers Falls NY	1 2 5 9 0 -
Phone	
rhone /	
	be accessed - not home page.
(	be accessed - not home page.
eb Page URL(s): Please provide specific address where SWPPPs can	be accessed - not home page.
eb Page URL(s): Please provide specific address where SWPPPs can	be accessed - not home page.
eb Page URL(s): Please provide specific address where SWPPPs can	be accessed - not home page.
eb Page URL(s): Please provide specific address where SWPPPs can	be accessed - not home page.
eb Page URL(s): Please provide specific address where SWPPPs can  URL	be accessed - not home page.
eb Page URL(s): Please provide specific address where SWPPPs can  URL	be accessed - not home page.

This report is being submitted for the reporting period ending March 9,  $\begin{bmatrix} 2 & 0 \end{bmatrix}$ 

Name of MS4/Coalition Village of Wappingers Falls  SPDES ID  N Y R 2 0 A 3 4 4	
7. Evaluating Progress Toward Measurable Goals MCM 4	
Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.	
A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.	
Provide training to contractors.	
B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.	;
209 contractors trained.	
C. How many times was this observation measured or evaluated in this reporting period?	1
(ex.: samples/participant D. Has your MS4 made progress toward this measurable goal during this reporting period?	is/events)
● Yes ○ No	)
E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?	
● Yes ○ No	ı
F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).	
Continue to provide contractor training.	
	1

This report is being submitted for the reporting period ending March 9, 2 0 1 2

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

SPDES ID

Name of MS4/Coalition	Village of Wa	ppingers Falls			N Y	R	2	0 A	3	4 4
Minimum	Control Mea	sure 5. Post	-Constructio	n Storm	wate	<u>r N</u>	<u> Ian</u>	age	<u>me</u> i	<u>nt</u>
The information in th	nis section is beir	ng reported (che	ck one):							
● On behalf of an inc ○ On behalf of a coa How m		ributed to this:	report?							
1. How many and MS4/Coalition is						ces	has :	your		
		# Inventoried	# Inspections	# Time Maintain						
O Alternative Practic	es									
O Filter Systems										
O Infiltration Basins										
Open Channels										
○ Ponds										
○ Wetlands										
Other										
2. Do you use an BMPs, inspecti			abase, spreadsh	ieet) to tra	ack po	ost-		struc O Ye		n • No
3. What types of a Development/E		-		-	t Low	' In	ipac	et		
O Building Codes	O Municipal C	Comprehensive P	lans							
Overlay Districts	Open Space	Preservation Pre	ogram							
O Zoning	O Local Law o	or Ordinance								
O None	Land Use R	egulation/Zoning	g							
O Watershed Plans	Other Comp	rehensive Plan								
• Other:	,			<u> </u>		i		<u> </u>		

This report is being submitted for the reporting period ending March 9, 2 0 1 2

		<u> 5r</u>	<u>ועי</u>	69 II	<u>,                                     </u>				
Nar	me of MS4/Coalition Village of Wappingers Falls	N		YR	2	0 2	A 3	3 4	4
4a.	. Are the MS4s contributing to this report involved in a regional/water	shed '	wi	ide pl	lanr	_			
						Ο.	Yes		No
4b	. Does the MS4 have a banking and credit system for stormwater man:	igeme	en	t pra	ctic	es?			
	-	Ü		•			Yes	•	No
4c.	. Do the SWMP Plans for each MS4 contributing to this report include and approval of banking and credit of alternative siting of a stormwa								
	**					_			No
4d	. How many stormwater management practices have been implemente	d as p	aı	rt of	this	syst	em i	n th	ıis
	reporting period?							0	
5.	What percent of municipal officials/MS4 staff responsible for progra						tteno	ied	
	training on Low Impace Development (LID), Better Site Design (BSD	) and	01	ther	Gre	en _			_
	Infrastructure principles in this reporting period?				٠		1 0	0	<b>\</b> %

This report is being submitted for the reporting period ending March 9,  $\begin{vmatrix} 2 & 0 \end{vmatrix}$  1  $\begin{vmatrix} 2 & 0 \end{vmatrix}$ 

170	SPDES ID
Name of MS4/Coalition Village of Wappingers Falls	N Y R 2 0 A 3 4 4
6. Evaluating Progress Toward Measurable Goals MCM 5	
Use this page to report on your progress and project plans toward identified in your Stormwater Management Program Plan (SWMF III.C.1. Submit additional pages as needed.	
A. Briefly summarize the Measurable Goal identified in the S	WMPP in this reporting period.
Inspect all catch basins annually.	
B. Briefly summarize the observations that indicated the over Goal.	all effectiveness of this Measurable
All catch basins inspected.	- N- SAM-19
•	
C. How many times was this observation measured or evaluat	ed in this reporting period?
·	
	(ex.: samples/participants/event
D. Has your MS4 made progress toward this measurable goal	during this reporting period?  ● Yes ○ No
E. Is your MS4 on schedule to meet the deadline set forth in the	
as your mast on sentence to most the deadline get form in a	● Yes ○ No
F. Briefly summarize the stormwater activities planned to me the next reporting cycle (including an implementation sche	
Catch basins to be inspected annually.	

This report is being submitted for the reporting period ending March 9,  $\begin{vmatrix} 2 & 0 \end{vmatrix} \begin{vmatrix} 1 & 2 \end{vmatrix}$ 

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

	SPDES ID	
Name of MS4/Coalition Village of Wappingers Falls	N Y R 2 0 A 3 4	4

## Minimum Control Measure 6. Stormwater Management for Municipal Operations

The information in this section is being reported (check one):		
<ul> <li>On behalf of an individual MS4</li> <li>On behalf of a coalition</li> </ul>		
How many MS4s contributed to this report?		

1. Choose/list each municipal operation/facility that contributes or may potentially contribute Pollutants of Concern to the MS4 system. For each operation/facility indicate whether the operation/facility has been addressed in the MS4's/Coalition's Stormwater Management Program(SWMP) Plan and whether a self-assessment has been performed during the reporting period. A self-assessment is performed to: 1) determine the sources of pollutants potentially generated by the permittee's operations and facilities; 2) evaluate the effectiveness of existing programs and 3) identify the municipal operations and facilities that will be addressed by the pollution prevention and good housekeeping program, if it's not done already.

Self-Assessment

			SCH-ASSESSIRCHE						
			Operation/Activity	ty/Facility					
			performed within	the past 3					
Operation/Activity/Facility	Addressed in	a SWMP?	<u>years?</u>	-					
Street Maintenance	• Yes	○ No	○ Yes	No					
Bridge Maintenance	○ Yes	○ No	O Yes	○ No					
Winter Road Maintenance	• Yes	○ No	O Yes	No					
Salt Storage	○ Yes	○ No	O Yes	O No					
Solid Waste Management	O Yes	○ No	O Yes	O No					
New Municipal Construction and Land Disturba	nce • Yes	○ No	○ Yes	<ul><li>No</li></ul>					
Right of Way Maintenance	O Yes	○ No	○ Yes	$\bigcirc$ No					
Marine Operations	O Yes	○ No	O Yes	○ No					
Hydrologic Habitat Modification	O Yes	○ No	O Yes	O No					
Parks and Open Space	• Yes		○ Yes	No					
Municipal Building	• Yes	○ No	○ Yes	<ul><li>No</li></ul>					
Stormwater System Maintenance	● Yes	○ No	○ Yes	<ul><li>No</li></ul>					
Vehicle and Fleet Maintenance	• Yes		O Yes	<ul><li>No</li></ul>					
Other	○ Yes	O No	○ Yes	○ No					

This report is being submitted for the reporting period ending March 9,  $\begin{vmatrix} 2 & 0 & 1 & 2 \end{vmatrix}$ If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition Village of Wappingers Falls Ν YR 2 0 A 3 2. Provide the following information about municipal operations good housekeeping programs: # Acres Parking Lots Swept (Number of acres X Number of times swept) 3 # Miles Streets Swept (Number of miles X Number of times swept) 2 4 # Catch Basins Inspected and Cleaned Where Necessary 4 O Post Construction Control Stormwater Management Practices # Inspected and Cleaned Where Necessary O Phosphorus Applied In Chemical Fertilizer # Lbs. # Lbs. O Nitrogen Applied In Chemical Fertilizer O Pesticide/Herbicide Applied # Acres (Number of acres to which pesticide/herbicide was applied X Number of times applied to the nearest tenth.) 3. How many stormwater management trainings have been provided to municipal employees during this reporting period? 1 4. What was the date of the last training? 5. How many municipal employees have been trained in this reporting period? 2 6. What percent of municipal employees in relevant positions and departments receive stormwater management training? 2 0 %

This report is being submitted for the reporting period ending March 9, 2 0 1 2

	SPDES ID
Name of MS4/Coalition Village of Wappingers Falls	N Y R 2 0 A 3 4 4
7. Evaluating Progress Toward Measurable Goals MCM 6	
Use this page to report on your progress and project plans toward achieved in your Stormwater Management Program Plan (SWMPP), it III.C.1. Submit additional pages as needed.	<u> </u>
A. Briefly summarize the Measurable Goal identified in the SWM	PP in this reporting period.
Catch basins and roads are cleaned annually.	
B. Briefly summarize the observations that indicated the overall e Goal.	ffectiveness of this Measurable
Catch basins and roads cleaned. Obtained grant for wetland improvements to improve stormwater quagrant program.	lity through green innovation
C. How many times was this observation measured or evaluated i	n this reporting period?
	(ex.: samples/participants/ev
D. Has your MS4 made progress toward this measurable goal dur	ing this reporting period? ● Yes ○ No
E. Is your MS4 on schedule to meet the deadline set forth in the S	WMPP?  ● Yes ○ No
F. Briefly summarize the stormwater activities planned to meet the next reporting cycle (including an implementation schedule	ne goals of this MCM during
- Continue catch basin and roadway cleaning of all catch basins and roads and quarremoved in field log book.	ntify material
- Continue to provide training class for all highway employees.	
- Develop stormwater improvements at Highway Garage Train SMO.	
- Continue to pursue green innovation grant program.	

This report is being submitted for the reporting period ending March 9, 2 0 1 2

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

	SPD	ES	ID						
Name of MS4/Coalition Village of Wappingers Falls	N	Y	R	2	0	Α	3	4	4

MS4 Description NYC EOH Watershed raditional Land Use	Answer	Check NA	(noc)		
NYC EOH Watershed	1285017-25	Carte	(POC)		
		-			
	1,2,3,4,5,6,7a-d,8a,8b,9	10,11,12	Phosphorus		
aditional Non-Land Use	1,2,3,4,7a-d,8a,8b,9	5,10,11,12	Phosphorus		
on-Traditional	1,2,77a-d,8a,8b,9	3,4,5,10,11,12	Phosphorus		
Onondaga Lake Watershed		-	_		
aditional Land Use	1,6,7a-d,8a,9	2,3,4,5,8b,10,11,12	Phosphorus		
aditional Non-Land Use	1,6,7a-d,8a,9	2,3,4,5,8b,10,11,12	Phosphorus		
on-Traditional	1,6,7a-d,8a,9	2,3,4,5,8b,10,11,12	Phosphorus		
Greenwood Lake Watershed	-	-	-		
aditional Land Use	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus		
aditional Non-Land Use	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus		
on-Traditional	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus		
Oyster Bay	147 10101110	-	-		
aditional Land Use	1,4,7a-d,9,10,11,12	2,3,5,6,8a,8b	Pathogens		
raditional Non-Land Use	1,4,7a-d,9,10,11,12	2,3,5,6,8a,8b	Pathogens		
on-Traditional Peconic Estuary	1,4,7a-d,9	2,3,4,5,8a,8b,10,11,12	Pathogens		
aditional Land Use	1,4,7a-d,8a,9,10,11,12	2,3,5,6,8b	Doth cases and Mitters are		
aditional Non-Land Use	1,4,7a-d,8a,9,10,11,12	2,3,5,6,8b	Pathogens and Nitrogen Pathogens and Nitrogen		
on-Traditional	1,4,7a-d,8a,9	2,3,4,5,8b,10,11,12	Pathogens and Nitrogen		
Oscawana Lake Watershed	-	2,5,4,5,00,10,11,12	- adiogens and retugen		
aditional Land Use	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus		
aditional Non-Land Use	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus		
on-Traditional	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus		
LI 27 Embayments	-		-		
aditional Land Use	1,2,3,4,7a-d,9,10,11,12	5,6,8a,8b	Pathogens		
aditional Non-Land Use	1,2,3,4,7a-d,9,10,11,12	5,6,8a,8b	Pathogens		
on-Traditional	1,2,3,4,7a-d,9	5,6,8a,8b,10,11,12	Pathogens Pathogens		

This report is being submitted for the reporting period ending March 9, 2 0 1 2

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

		SPDES ID		
Na	ame of MS4/Coalition Village of Wappingers Falls	N Y R 2	0 A	3 4 4
3.	Does your MS4/Coalition have a Stormwater Conveyance Sand Maintenance Plan Program?	System (infrastructi ○ Yes	ıre) Ins ○ No	pection O N/A
4.	Estimate the percentage of on-site wastewater treatment sy and maintained or rehabilitated as necessary in this report	stems that have been ing period?	n inspe	cted %
5.	Has your MS4/Coalition developed a program that provide NYSDEC SPDES General Permit for Stormwater Discharg (GP-0-08-001) to reduce pollutants in stormwater runoff fredisturb five thousand square feet or more?	zes from Constructi	on Acti	vities
6.	Has your MS4/Coalition developed a program to address perunoff from new development and redevelopment projects equal to one acre that provides equivalent protection to the Permit for Stormwater Discharges from Construction Active New York State Stormwater Design Manual Enhanced Standards?	that disturb greater NYS DEC SPDES vities (GP-0-08-001) Phosphorus Remov	than o Genera . includ	r I
7a.	.Does your MS4/Coalition have a retrofitting program to rec phosphorus/nitrogen/pathogen loading?	duce erosion or ○ Yes	○ No	O N/A
7Ь.	.How many projects have been sited in this reporting period	?		
7c.	What percent of the projects included in 7b have been comp	pleted in this report	ing per	iod?
7d.	.What percent of projects planned in previous years have be	en completed?		%   %
	,	○ No	Projects	Planned
	Has your MS4/Coalition developed and implemented a turf procedures policy that addresses proper fertilizer application lands?	management praction on municipally o  O Yes	wned	O N/A
	Has your MS4/Coalition developed and implemented a turf procedures policy that addresses proper disposal of grass classically appeared to 1.00	ippings and leaves t	from	
	municipally owned lands?	○ Yes	$\circ$ No	$\bigcirc$ N/A

This report is being submitted for the reporting period ending March 9,  $2 \mid 0 \mid 1 \mid 2$ If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

	SPDES ID								
Name of MS4/Coalition Village of Wappingers Falls	N	Y	R	2	0	A	3	4	4
9. Has your MS4/Coalition developed and implemented a program of native planting?									
						No	(	N C	I/A
10. Has your MS4/Coalition enacted a local law prohibiting pet waste on municipal properties an							and		
prohibiting goose feeding?		С	Ye	*S	0	No	(	O N	<b>I/A</b>
11. Does your MS4/Coalition have a pet waste bag program?		С	Υe	es	0	No	(	O N	[/A
12. Does your MS4/Coalition have a program to manage goose populations?		С	Ye	:s	0	No	(	O N	[/A